



North Carolina Governor's School 2022
PHYSICAL EXAMINATION FORM (page 1 of 2)
 Completed by Health Care Provider

- A licensed physician, nurse practitioner or physician assistant must conduct a complete physical examination on this student and complete all pages of this form.
- An exam completed after June 1, 2021 can be referred to for completion of this form.
- Parent/Guardian: Once completed, upload to Registration Survey.
- Note: Medication Administration Plans must also be completed by the healthcare provider. These forms are turned in on Opening Day with prescription medications in-person.

Student Name _____			
Last	First	Middle	
Sex _____	Age at time of exam _____	Date of Birth _____	
Home Address _____			
Street and Number	City	State	Zip Code

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Are there any abnormalities of any of the following systems?			
	NO	YES	Describe
Head, ears, nose, or throat?			
Eyes?			
Respiratory?			
Cardiovascular?			
Gastrointestinal?			
Genitourinary?			
Musculoskeletal?			
Metabolic/endocrine?			
Neuropsychiatric?			
Skin?			
Menstrual history*			
Other			

*when applicable

Immunization dates

Tetanus Toxoid (required within ten years) _____ Tetanus booster _____ MMR _____
 D.P.T series _____ D.P.T booster _____ Polio series _____ Polio booster _____
 Other _____

NCGS PHYSICAL EXAMINATION FORM (page 2 of 2)

Is there loss or seriously impaired function of any paired organ? No ___ Yes ___ (explain below)

Is the student under treatment for any medical condition? No ___ Yes ___ (explain below)

Is the student under treatment for any emotional condition? No ___ Yes ___ (explain below)

Allergies (please specify and describe treatment):

Chronic Conditions (please specify type and describe treatment):

Share any instructions or recommendations regarding restrictions, limitations, treatments or follow-ups that are deemed necessary or helpful to the student in a 4-week residential program.

I have examined the above named student and have reviewed his/her health history. It is my opinion that this student is physically able to engage in Governor's School campus activities except as noted above.

Date of the examination _____
Name of physician, nurse practitioner or physician assistant _____
Address _____
_____ Phone _____
Signature of physician, nurse practitioner or physician assistant _____
_____ Date _____

NOTE: Medication Administration Plan must also be submitted and signed by the physician, nurse practitioner or physician's assistant for any prescribed medications to be taken at Governor's School.